UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Cir	vil Case No. 3:1	6-cv-483-	SI —			
ELIZA AZAF Plainti	R and DEAN ALFRANG		PPLICATION FO DMISSION – PR					
٧.								
BLOUNT IN	TERNATIONAL, INC., 6	et al.,						
Defend	dant(s).	,						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Attorne	_{ey} Andrew Rocco	re	quests special ac	lmission <i>p</i>	oro hac vice in			
the above-capti	ioned case.							
	of Attorney Seeking <i>Pro I</i> f LR 83-3, and certify that			understan	d the			
(1)	PERSONAL DATA:							
	Name: Rocco	Andrew		6				
	(Last Name)	(First Name)		(MI)	(Suffix)			
	Firm or Business Affiliation: Levi & Korsinsky, LLP							
	Mailing Address:	733 Summer Street, Suite 304						
	City: Stamford	State:	CT	_ Zip: 0	6901			
	Phone Number: 203-99	92-4523	_ Fax Number:	212-36	3-7171			
	Business E-mail Address							

(2)	BAR ADMISSIONS INFORMATION:					
	State bar admission(s), date(s) of admission, and bar ID number(s): Connecticut; 11/3/2017; Bar No. 439180					
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): N/A				
(3)	CED	TIPICATION OF DISCIPLINARY ACTIONS.				
(3)	CER	CERTIFICATION OF DISCIPLINARY ACTIONS:				
	(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)				
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
Per LR 83-3(a)(3), I have professional liability insurance, or financial responsible equivalent to liability insurance, that meets the insurance requirements of the C State Bar for attorneys practicing in this District, and that will apply and remain for the duration of the case, including any appeal proceedings.						
(5)	REP	PRESENTATION STATEMENT:				
	I am representing the following party(s) in this case: Elia Azar					
(6)	CM/	ECF REGISTRATION:				
	beco (See	Concurrent with approval of this <i>pro hac vice</i> application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.				
DATE	D this	<u>9 day of May</u> , 2018				
		(Signature of Pro Hac Counsel)				
		Andrew Rocco				
		(Typed Name)				

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

under I	LR 45-1. To associa To request waiver	to associate with loc te with local counsel of the requirement to	, obtain the	signature of loca	l counsel in	the following	
	did not issue. Purs	or the limited purpose uant to LR 45-1(b), I I counsel and therefo	request wa	aiver of the requir	ement of LF	R 83-3(a)(1) to	
CERT	IFICATION OF AS	SSOCIATED LOCA	AL COUN	SEL:			
-		r in good standing of nd that I will serve as					:he
	DATED this 10th	_{day of} May	_	2018 RIT 1 ignature of Local Couns	wel)		
Name:	McGaughey		Robert			J	
	(Last Name)		(First Name)		(A	MI) (Si	uffix)
Oregon	State Bar Number:	800787					
Firm or	Business Affiliation	n: McGaughey Er	rickson				
Mailing	Address: 65 SW	Yamhill Street, S	uite 200				
	ortland			State: OR	Zip:	97204	
Phone 1	Number: (503) 22	3-7555	Business	E-mail Address:	bob@lav	v7555.com	
		COL	JRT ACTI	ON			
		Application approve Application denied.	d subject to	o payment of fees			
	DATED this	day of	· · · · · · · · · · · · · · · · · · ·				

Judge